

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*

Township

City *St. Louis*

Registration District No. **791**

Primary Registration District No. **1003**

File No. **22616**

Registered No. **6453**

2. FULL NAME

(a) Residence, No. *8507 Vulcan* St. *1* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louis Weber</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 12 - 1889</i>		
7. AGE YEARS <i>45</i>	MONTHS <i>2</i>	DAYS <i>14</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Shipper Clerk</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>China ware</i>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
FATHER	13. NAME <i>Nicholas Weber</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>German</i>	
MOTHER	15. MAIDEN NAME <i>Louis Spahn</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>	
17. INFORMANT (ADDRESS) <i>Louis Weber 8507 Vulcan St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New St. Marys Cem</i> DATE <i>July 2 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Joe P. Fendley 712 8 Michigan Ave</i>		
20. FILED <i>60 1934</i> REGISTRAR <i>J. Beedeck</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 28 1934*

22. I HEREBY CERTIFY, That I attended deceased from *June 22 1934* to *June 28 1934*
Last saw h. l. w. alive on *June 28 5:00 p.m.* 19 *34*. Death is said to have occurred on the date stated above, at *3:30 p.m.*
The principal cause of death and related causes of importance were as follows:
Hernia
ulminating streptococcal cellulitis of left side of face
Chr. nephrosclerosis
Cause of cellulitis unknown
Other contributory causes of importance:
152B
152B
Name of operation *152B* Date of *152B*
What test confirmed diagnosis? *152B* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *152B* Date of injury *152B*
Where did injury occur? *152B* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *152B*
Nature of injury *152B*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *152B*
(Signed) *J. P. Kane* M. D.
(Address) *1325 S. Grand Ave St. Louis Mo*

